

D.I. # _____

CIVIL ACTION

NUMBER: 07-36 (JJF)

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

7005 1820 0004 3169 6732

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 2.31
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.56
Sent To	
WARDEN TOM CARROLL	
DELAWARE CORRECTIONAL CENTER	
Street, Apt. No., or PO Box No.	
1181 PADDOCK RD.	
City, State, ZIP+4	
SMYRNA, DE 19977	

PS Form 3800, June 2002 See Reverse for Instructions

RODNEY SO STA WASHINGTON DE 19801
MAR 9
Postmark Here
USPS